

Remarks espousing early regional organizations of the World
Organization at the First World Health Assembly. WHO Official
Records No. 13, pp.69-344 passim, 1948

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DR. SOPER (Observer, Pan
American Sanitary Bureau)

My following remarks refer to the Provisional Agenda.¹⁴

An examination of the provisional agenda of the Committee on Programme, the Committee on Administration and Finance, and the Committee on Headquarters and Regional Organization shows that no provision has been made for regional programmes, for regional budgets or for regional organizations prior to the end of 1949. Nor is there any proposal regarding the functions of regional organizations in the future. The failure to make provision for regional operations comes as a disappointment to the American republics, which during the past two years have given so much evidence of their interest in the regional programme of the World Health Organization.

The twelfth Pan American Sanitary Conference, meeting in Caracas in January 1947, broadened the programme of the Pan American Sanitary Bureau to correspond to that of the World Health Organization, and created a Directing Council with representatives of all Member States to correspond to a regional committee of the World Health Organization, as established by Chapter XI of the Constitution.

The Conference also acted to facilitate the participation of Canada and the non-self-governing political units of the Western Hemisphere. These measures were all taken for the purpose of making the Pan American Sanitary Bureau an organization which could function as a regional organization for the World Health Organization.

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The American republics are greatly interested in the World Health Organization, but are most anxious that its activities be decentralized in so far as possible on a regional basis. One of the provisions of the draft Agreement with the World Health Organization, approved by the last meeting of the Directing Council in Buenos Aires, stipulates that "an adequate proportion of the budget of the World Health Organization shall be allocated for regional work". But the Pan American Sanitary Bureau is not interested in regionalization for the Western Hemisphere only; it is obvious that it would be very difficult to establish satisfactory working relationships between a single regional organization in the Western Hemisphere, and a centralized World Health Organization geared to handling matters for the rest of the world on the basis of direct arrangements between the Secretariat and individual governments.

The American international health workers realize that success in the ultimate control of communicable disease must be based on a programme of searching-out and cleaning-up endemic-disease centres, wherever they exist. Even perfect regional health-work in the Western Hemisphere will not be sufficient to give protection from threats originating in other parts of the world. The unexpected appearance of cholera in Egypt in 1947 constituted a potential threat to Brazil and other American countries. Concerted action by health authorities of other regions must be taken if the American continent is to avoid exotic diseases and is to remain free of re-importations of *Anopheles gambiae* and *Aedes aegypti*, and is to avoid the importation of tsetse fly and other dangerous insects. Quite apart from the direct and indirect interest of the American republics in regionalization, attention should be called to certain very definite advantages inherent in a regional organization for an area.

Dr. SORER (observer, Pan American Sanitary Bureau) considered that the very *first item* on the agenda should be the organization and functions of regional offices. It was the experience of the Americas that one of the most important functions of the regional offices was the improvement of statistical information. Statistics would be the basis for the distribution of WHO activities and the yardstick for measuring results. The statistics which were at present being collected in the Western Hemisphere and furnished to WHO were very deficient. Field workers in statistics were needed to work with individual governments under a regional programme.

The basic function of WHO was to create an administrative organization throughout the world, through which international health operations could be carried out. He cited the case of UNICEF: \$4,000,000 was available for work on BCG, of which \$2,000,000 had been allocated to Europe, leaving \$2,000,000 for the rest of the world. The expenditure of that money should be made through WHO and its regional offices, but the administration of programmes from a single centre dealing with individual governments was extremely difficult. The items with regard to sanitary legislation, epidemiological studies and health statistics, for instance, were essentially regional services. There should be, at the centre, a system for the co-ordination of the work done in those fields in the regional offices. On the other hand, international standards, therapeutic, prophylactic and diagnostic agents and the development of an international pharmacopœia were essentially central WHO matters.

With regard to publications, the Pan American Sanitary Bureau already had an important service of publications, particularly in the Spanish language. Provision would have to be made for reference and library services in the regional offices.

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Experience in the Americas has shown that general international conventions are not, in and of themselves, sufficient to establish satisfactory co-ordination of the activities of governments having common problems and common boundaries. Only through a regional organization, with a trusted international staff, is it possible to develop a free interchange of information and harmonious action in attacking common problems. Regional collaboration is required for many problems in which the individual State is unable to act efficiently. As satisfactory eradication techniques become available for the solution of an increasing number of problems, the importance of regional action must increase rather than diminish.

In addition to the technical and administrative advantages of a regional organization, there is at this time a very pertinent financial argument in its favour. It is quite apparent from the budgets proposed that the funds of the World Health Organization are inadequate to solve the important health problems of the world. Eventually a considerable part of the international health programme must be financed through the contributions of governments to budgets for the solution of regional problems in which they have a direct interest, as provided for in Article 50 of the Constitution of the World Health Organization. This development can come only after regional organizations are operating and after a demonstration of their value. This is the logical way open to increase the funds available for the programme of the World Health Organization.

The PRESIDENT: We shall meet this afternoon at 2.30 sharp and commence with the interpretation of the speech delivered by Dr. Soper. Afterwards we have four more speakers—the delegates of Brazil, Hungary, the Philippines and Greece.

The meeting rose at 12.40 p.m.

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Dr. SOPER (observer, Pan American Sanitary Bureau) thought that, as a question had been raised as to why the Pan American Sanitary Bureau still existed as an organization, apart from WHO, he should put before the committee certain facts which had not been properly appreciated by many delegates living in parts of the world other than the Americas.

The Pan American Sanitary Bureau existed on the basis of a treaty signed in Havana in 1924, which had been ratified by all 21 American Republics and was the only one of the Pan American treaties so ratified. The treaty contained certain articles which, referring to the organization, functions and duties of the PASB, permitted that organization to do in the Americas many things which the Constitution of WHO did not permit WHO to do throughout the world. It contained a clause providing that the Convention should become effective in each of the signatory States on the date of ratification thereof by the said State, and should remain in force without limitation of time, each one of the signatory States reserving the right to withdraw from the Convention by giving a year's notice in advance to the Government of the Republic of Cuba. None of the 21 Republics had given such notice.

The functions which that treaty permitted in the Western Hemisphere were contained in Articles 54 to 59 of the Pan American Sanitary Code, and Dr. Soper said he would like those articles to be put on record.

Article 54 read:

The organization, functions and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American

Republics, and such additional administrative functions and duties as may be hereafter determined by Pan American sanitary conferences.

Dr. Soper pointed out that under this article the Pan American Sanitary Conference, which met every four years, had the full authority of the 21 countries to give additional administrative functions and duties to the Bureau. It was under this article that the Twelfth Pan American Sanitary Conference had met in Caracas in January 1947, six months after the meeting in New York of the International Health Conference, which had created the World Health Organization. At the Caracas conference, action had been taken to broaden the programme of the PASB to coincide with that of WHO, taking in matters of medical care and the medical and sanitary aspects of social welfare. At that time also, the organization of the Bureau had been changed, to conform to the type of regional organization laid out in the WHO Constitution, so that it would be possible to conform in every way to the administrative organization of WHO. At the same time, action had been taken to remove any political bars which had been thought to exist, and to make it possible for Canada and the non-self-governing political units in the Western Hemisphere to join the Pan American organization.

Article 55 read :

The Pan American Sanitary Bureau shall be the central co-ordinating sanitary agency of the various member Republics of the Pan American Union and the general collection and distribution centre of sanitary information to and from said Republics. For this purpose it shall, from time to time, designate representatives to visit and confer with the sanitary authorities of the various signatory Governments on public-health matters, and such representatives shall be given all available sanitary information in the countries visited by them in the course of their official visits and conferences.

Dr. Soper said that was a broad power in the Western Hemisphere, which was not provided for in the Constitution of WHO.

Article 56 :

In addition, the Pan American Sanitary Bureau shall perform the following specific functions :

To supply to the sanitary authorities of the signatory Governments through its publications, or in other appropriate manner, all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken, and the progress effected in the control or eradication of such diseases ; new methods for combating disease ; morbidity and mortality

statistics ; public-health organization and administration ; progress in any of the branches of preventive medicine ; and other pertinent information relative to sanitation and public health in any of its phases, including a bibliography of books and periodicals on public hygiene.

In order more efficiently to discharge its functions it may undertake co-operative epidemiological and other studies ; may employ at headquarters and elsewhere experts for this purpose ; may stimulate and facilitate scientific researches and the practical application of the results therefrom ; and may accept gifts, benefactions, and bequests, which shall be accounted for in the manner now provided for the maintenance funds of the Bureau.

Under that article, the Bureau was actually administering an anti-mosquito service in 1948 and 1949 in one of its member republics. PASB was working directly in that country ; the service was under the direct administrative control of a representative of PASB, who was a health officer of another of the Pan American members.

Articles 57 and 58 : page 254 cont.

The Pan American Sanitary Bureau shall advise and consult with the sanitary authorities of the various signatory Governments relative to public health problems and the manner of interpreting and applying the provisions of this code.

Officials of the national health services may be designated as representatives, *ex officio*, of the Pan American Sanitary Bureau, in addition to their regular duties, and when so designated they may be empowered to act as sanitary representatives of one or more of the signatory Governments when properly designated and accredited so to serve.

Dr. Soper emphasized the importance of Article 58, under which it was possible for the Director of PASB to designate a health officer from any one of the 21 American Republics to act as representative of the Bureau or of any one or all of the 21 governments without that individual having to resign or abandon his position with his own government, and in that capacity he was able to act for the Bureau anywhere in the 21 American Republics.

Finally, Article 59 :

Upon request of the sanitary authorities of any of the signatory Governments, the Pan American Sanitary Bureau is authorized to take the necessary preparatory steps to bring about an exchange of professors, medical and health officers, experts or advisers in public health of any of the sanitary sciences, for the purpose of mutual aid and advancement in the protection of the public health of the signatory Governments.

Dr. Soper thought the committee would readily understand the reluctance with which the American Republics would give up the possibility of close collaboration on the technical level which at present existed in the Western Hemisphere. The question had been raised as to the continued existence of PASB as an independent regional organization. When he had attended the third session of the Interim Commission at Geneva in April 1947, as the newly-elected Director of PASB, he had found that WHO had no plans for financing or organizing regional work, and he was very much disturbed to find that in the report of the Interim Commission, no provision had been made for regionalization.

At the third session of the Interim Commission, he had called attention to the fact that the discussion between the American Republics and WHO was not a political one, but essentially a question of whether WHO would have a large central organization or whether it would establish regional health organizations, which would make the influence of WHO felt by the people in the various countries. The PASB was not a political organization; it was not subject in any way to any international political organization. The treaty was entirely independent of any other treaty.

With reference to financing, he called attention to the fact that the United States had contributed only 11% of the budget for 1948. At the meeting in Buenos Aires during the previous year, other countries had made voluntary supplementary contributions and had approved a budget of \$1,300,000 for 1948, knowing that only \$145,000 of that amount would be paid by the United States.

The PASB and the Pan American countries were much more interested in the development of a real world health organization than in maintaining independence for themselves. They realized that they could not protect the Western Hemisphere against the introduction of disease, unless regional organizations were functioning elsewhere.

Dr. Soper said he expressed the sentiments of the majority of the American Republics in stating that they were very much interested in WHO, but, until such time as WHO was in a position to take over and finance the responsibilities of the Bureau, he did not believe the Pan American countries would be willing to abandon the organization which at present existed. He wished to call attention to the fact that, up to the present time, the Health Assembly had not discussed regional programmes. The Bureau was continuing its work and could only indicate the broad field of activities in which it was working and ask WHO what it wished to take over as regional work.

He concluded by saying that the Bureau was not asking for any special favours; it was asking for a regional organization and for adequate funds to be assigned to regional programmes.

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The CHAIRMAN thanked Dr. Soper for his description and offer of collaboration. The possibility of two forms of relationship between WHO and the Pan American Sanitary Bureau had been raised: the inter-secretariat relationship mentioned by the Secretary, and the proposal of the delegate of Brazil. He drew attention to the annex in number seven of the *Official Records*,¹² to which the delegate of Brazil had referred—a note on integration presented at the fifth session of the Interim Commission, which had been the result of considerable work and long negotiations. Action with regard to the first paragraph of that note and to the first paragraph of the draft resolution proposed by the delegation of Brazil was being considered by the General Committee that morning.

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5. Pan American Sanitary Organization

Dr. MACCORMACK (Ireland) said that, as he interpreted the proposed resolution, it seemed there could be no integration of the Pan American Sanitary Bureau with WHO until after the next session of the Health Assembly. With a view to expediting matters, he submitted an amendment, as follows :

The Health Assembly

DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Bureau, with full authority to conclude these negotiations if possible to the satisfaction of both parties.

Dr. MANI (India) submitted a further amendment, as follows :

The Health Assembly

DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with

a view to the integration as soon as possible of PASO with WHO, and if possible to conclude an agreement, in accordance with Article 54 of the Constitution, etc. . . .

He said the question of agreement for both sides was already laid down in the Constitution ; it was not necessary to repeat it. In the Indian delegation's opinion, the retention of the reference to Article 54 was fundamental.

Dr. SOPER (observer, Pan American Sanitary Bureau) said he was glad the question had been raised, because he wished to emphasize again the fact that the Agreement which had come under discussion,⁷⁸ had been approved by the Directing Council of the Pan American Sanitary Bureau. But it had made a proviso, that the Agreement should enter into force upon its approval by the Health Assembly. He thought it was essential to have some action by the Health Assembly confirming the final Agreement. The Directing Council was meeting in October, and, if the entire document were accepted as it stood, the final Agreement could be very rapidly concluded. Since there had been a question regarding Article 9, there should be a definite authorization on that particular item, so that it could be laid before the Directing Council. If a suitable wording agreeable to both parties was found, it would be possible to complete the arrangements between WHO and the Pan American Sanitary Bureau, so that the Bureau could begin to function as a full regional organization in 1949, without going through the preliminary stage of a working arrangement before the agreement had been reached.

Dr. SOPER (observer, Pan American Sanitary Bureau) feared that the resolution suggested by the working party had been agreed upon without full cognizance of the contents of a telegram which had been read out, but not circulated, at the meeting. That telegram contained the legal opinion of the United Nations that the interpretation of Article 9 of the proposed Agreement between PASO and WHO should be settled by the Health Assembly under Article 75 of its Constitution. Article 9 was the only article under discussion, and provided for the revision or annulment of the Agreement (by either of the parties) on a year's notice.

He pointed out that the Agreement had been approved by the Directing Council of PASO, and approval by the Health Assembly would make possible a final working agreement between the two organizations without further delay. Authorization had been given by the Directing Council (this action had been taken before any of the American States had become Members of WHO) enabling him, as Director of PASO, to make the final arrangements with WHO on the basis of that Agreement. It was important that careful consideration should be given to the question before any changes were made, which might delay such agreement and might make it necessary to establish a temporary working agreement between the two organizations. He felt strongly that action should not be taken merely on the basis of the rapid consideration of the point by the working party.

Seventh Report of the Committee on Relations
(final text, p. 327)

The CHAIRMAN called on the Rapporteur to present the draft seventh report of the Committee on Relations.

Dr. DE LAËT (Belgium) read the draft report, section by section, with various drafting amendments.

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The CHAIRMAN said that could be done if the committee wished, but he would like to have other opinions.

Dr. SOPER, (observer, Pan American Sanitary Bureau), said he had been somewhat surprised at the discussion, because he thought the question was basically an administrative rather than a financial one. He outlined the development of the Pan American Sanitary Bureau from its beginning in 1902, with a budget of \$5,000 a year, to the present year, for which there was an approved budget of \$1,300,000.

If WHO did not have regions, it would have to set up in Geneva special organizations for each type of work and attempt to deal with 60 different countries all over the world.

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Dr. STAMPAR, President of the Assembly, observed that he had been impressed by many of the speeches he had heard, and thanked Dr. Soper for his explanation of the activities of the Pan American Sanitary Bureau.

He said the Constitution of WHO definitely prescribed the establishment of regional organizations. At the International Health Conference in New York, it had been decided that the Organization should not be overcentralized. He was quite sure that the countries that had proposed the establishment of regional bureaux did not expect large amounts of money from WHO; they asked for moral and financial help at the beginning, and he thought the committee could not refuse them. He urged the committee to accept the proposals submitted with regard to the establishment of regional offices; that was the philosophy of the Organization.

The CHAIRMAN asked whether the committee accepted the proposal made by the President of the Assembly and would submit four areas to the Assembly, asking for immediate action on two areas.

Dr. SHU (China) thought it important to consider three points concerning regionalization. First, was WHO ready to discuss regionalization?

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This was a question of principle. During the last two years, the Interim Commission had only continued the work of previous organizations and had not put up any programme at all. It had now prepared a programme. The problem should be considered from a global point of view: public health was a world problem. He thought WHO was not yet ready to discuss regionalization.

The second point was: were the countries concerned ready to discuss a regionalization programme? Dr. Soper had stated that certain groups were ready. Dr. Shu would ask for a definition of readiness and would put a big question mark to that point.

The third point was: had the Organization enough money to support any regional programme? As Dr. Soper had pointed out, regionalization should be all or nothing.

He asked all delegates to consider the question seriously, not in the interest of a particular country or group of countries, but in the interest of WHO. From an administrative standpoint, he thought it was not at present advisable to talk about two regions and omit the rest. He suggested that a committee should be set up to study the regional problem and present a report to the next Assembly for consideration.

The meeting rose at 6 p.m.

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4. Closing of Session

Dr. SOPER (observer, Pan American Sanitary Bureau) said he wished to correct the impression that might be conveyed by a remark of the delegate of China, appearing in the minutes of the fourth meeting: "As Dr. Soper had pointed out, regionalization should be all or nothing".

He stated that, although it would require a double system of administration to carry on activities in one part of the world through regional organization and in other parts through direct action by the central Secretariat and individual governments, he had not at any time considered the possibility of getting along without some regional organizations.

The Committee on Headquarters and Regional Organization met on 30 June 1948, at 10 a.m. and 2.30 p.m. ; on 1 July, at 2.30 p.m. ; on 5 July, at 2.30 p.m. ; and on 7 July, at 10 a.m.

The recommendations of the committee on the site of headquarters for the World Health Organization have already been submitted to the Assembly.

As regards regional organization, the committee, as a first step, established five working parties to consider (1) the delimitation of geographical areas, and (2) the desirability of establishing regional organizations in these areas.

The proposals of these working parties which were fully discussed and approved by the committee, are described below :

1. Delimitation of geographical areas

1. *Eastern Mediterranean Area*, comprising the following countries : Egypt, Saudi Arabia, Iraq, Syria, Lebanon, Palestine, Transjordan, Yemen, Iran, Turkey, Pakistan, Greece,

* Adopted by the Health Assembly at its eleventh meeting, subject to a reservation by the delegate of Greece, see p. 80

Ethiopia, Eritrea, Tripolitania, Dodecanese Islands, British Somaliland, French Somaliland, Aden, Cyprus.

2. *Western Pacific Area*, comprising the following countries : Australia, China, Indochina, Indonesia, Japan, Korea, the Philippines, New Zealand, and provisionally the Malay Peninsula.
3. *South-East Asia Area*, comprising the following countries : Burma, Siam, Ceylon, Afghanistan, India ; the inclusion of the Malay Peninsula to await the definite decision of this area as to which regional organization it desires to join.
4. *European Area*, comprising the whole of Europe.
5. *African Area*, comprising the following countries and territories : A primary region is suggested for all Africa south of the 20 degree N. parallel of latitude to the western border of the Anglo-Egyptian Sudan, to its junction with the northern border of Belgian Congo, thence eastwards along the northern borders of Belgian Congo, thence eastwards along the northern borders of Uganda and

Kenya; and thence southwards along the eastern border of Kenya to the Indian Ocean.

6. *American Area*, comprising the Americas.

2. Desirability of establishing regional organizations

The committee discussed at considerable length the necessity for establishing regional organizations in some or all of these areas during the year 1949. As a result of this discussion, the committee agreed that:

1. As soon as the consent of a majority of Members of a regional area is obtained, a regional organization should be established in that area; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available.

2. As regards the Eastern Mediterranean Area, the committee recommends that the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, be integrated with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the Constitution.

3. As regards Europe, the committee recommends that a temporary special administrative office be established as soon as possible for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.

The committee further brings to the attention of the Assembly the fact that negotiations have

not yet been completed for the integration of the Pan American Sanitary Organization with the World Health Organization. The committee recommends that these negotiations be brought to a successful close as soon as possible.

Accordingly, the following resolutions are placed before the Assembly for approval:

1. In accordance with Article 44 of the WHO Constitution, the Health Assembly

RESOLVES to define the geographical areas as indicated in the second report of the Committee on Headquarters and Regional Organization.

2. The Health Assembly

RESOLVES that the Executive Board be instructed (1) to establish regional organizations in the areas indicated in the second report of the Committee on Headquarters and Regional Organization as soon as the consent of a majority of Members situated within such area is obtained; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available; (2) as regards the Eastern Mediterranean Area, to integrate the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the WHO Constitution; (3) as regards Europe, to establish a temporary special administrative office as soon as possible for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.

Committee on Headquarters and Regional Organization

The Assembly

APPROVED the second report of the Committee on Headquarters and Regional Organization (*see p. 330*), with a reservation made by the delegation of Greece.

RESOLVED on the delineation of the following as geographical areas: (1) Eastern Mediterranean Area, (2) Western Pacific Area, (3) South-East Asia Area, (4) European Area, (5) African Area, (6) American Area.

RESOLVED that the Executive Board should be instructed (1) to establish regional organizations in accordance with the delineation of geographical areas decided upon and as soon as the consent of a majority of Members situated in such areas had been obtained; (2) as regards the Eastern Mediterranean Area, to integrate the Alexandria Regional Bureau with WHO as soon as possible; and (3) as regards Europe, to establish, as soon as possible, a temporary special administrative office to deal with the health rehabilitation of war-devastated countries in that area.

(Eleventh plenary meeting, p. 80)